

# Claims Clues

A Monthly Publication of the AHCCCS Claims Department

December, 2000

## RxAmerica to Process Pharmacy Claims

AHCCCS has awarded a contract to RxAmerica to process and pay pharmacy claims for fee-or-service recipients, effective January 1, 2001.

This does not affect the pharmacy networks maintained by

AHCCCS-contracted health plans and program contractors.

### Please See Attached Announcement

Prescriptions must be dispensed from pharmacies in RxAmerica's network.

Claims will be processed electronically using a point-of-sale process.

AHCCCS also will implement a formulary for fee-for-service members.

Please see the attached announcement for details. ☐

## Form Required to Extend Care for ESP Recipients

An E045 certification form describing the need for continued care must be completed by a physician and submitted to AHCCCS for all Emergency Services Program (ESP) recipients in need of more than initial emergency care.

All fields on the form must be completed, including recipient's name, date of birth, AHCCCS ID number, etc. The physician's name, AHCCCS provider ID

number, phone number, and fax number must also be included.

The written certification must include comprehensive justification that supports the medical necessity for continuation of treatment.

The form should be faxed to the AHCCCS Prior Authorization Unit at (602) 256-6591. Providers should ensure that a cover sheet accompanies the form. The cover sheet should list the name of a

contact person, a telephone number, and a fax number. This will allow the PA Unit to respond to the provider's request for continuation of care for the recipient.

Providers who have questions about the E045 form should call the AHCCCS PA Unit between 8:30 a.m. and 4:30 p.m. Monday – Friday:

(602) 417-4400 (Phoenix area)

1-800-433-0425 (in state)

1-800-523-0231 (out of state) ☐

## Providers Must Use Agency Forms to Update Records

The AHCCCS Provider Registration Unit will only accept information submitted on official forms supplied by AHCCCS.

Providers should not submit information to AHCCCS using forms obtained from any other source as these forms may be

inaccurate and incomplete. The official AHCCCS forms are coded to allow Provider Registration staff to identify any form that is not an AHCCCS form.

AHCCCS intends to make Provider Registration forms available on the agency's Web site. Providers will be notified

when these forms are available for Internet access.

To obtain Provider Registration forms, contact the AHCCCS Provider Registration Unit at:

- (602) 417-7670 (Option 5)
- 1-800-794-6862 (In state)
- 1-800-523-0231 Ext. 7670 (Out of state) ☐

### Don't Forget About Tax ID Changes

Providers must submit a new tax ID form to the AHCCCS Provider Registration Unit when they change or add pay-to addresses and tax ID ownership changes.

Providers can obtain form W-9: Request for Taxpayer Identification Number and Certification from the Provider Registration Unit. (See telephone numbers above) ☐

## Providers Should Keep Remit with Credit Memo

**P**roviders should keep a copy of the AHCCCS Fee-For-Service Remittance Advice whenever a credit memo is generated because the remittance explains all of the patient information and reasons why the claims were voided or adjusted.

A claim that has been voided or adjusted may or may not generate a credit memo for that week's cycle, depending on the amount of paid claims.

If the paid claims amount is more than the amount of the credit, the AHCCCS system will recoup only the amount of the credit and generate a payment for

the difference. If the paid claims amount is less than the amount of the credit, the system will apply



that amount against the credit. In this case, an outstanding credit balance will show up on the Financial Summary (Page 2) of the provider's remittance.

If the voided or adjusted amount is large, it may require more than one recoupment. A provider may

have an outstanding credit balance for a week or more.

Patient information on the voided/adjusted claims will not show up on future remittance advices. Providers should pay special attention to remittances that show credit memos.

Providers may obtain copies of previous remittance advices, but there is a fee of \$2.00 per page.

Providers who have questions about adjusted or voided claims should contact Claims Customer Service:

(602) 417-7670 (Phoenix area)

(800) 794-6862 (In state)

(800) 523-0231 (Out of state) ☐

## Providers Should Use CPT Code 90669 for Prevnar

**P**roviders should use CPT code 90669 (Pneumococcal conjugate vaccine, polyvalent, for intramuscular use) when billing AHCCCS for the pneumococcal vaccine Prevnar.

Prevnar, the first pneumococcal vaccine to be approved for children under 2 years old, was

approved by the FDA on Feb. 17, 2000. On July 1, 2000, the description of CPT code 90669 was changed to state "for children under 5 years."

The description of CPT Code 90732 (Pneumococcal polysaccharide vaccine, 23 valent, adult dosage) also was changed to

include the words "or immunosuppressed patient." The minimum age for this vaccine also is 2 years old.

Providers who bill for the vaccines under the Vaccines for Children (VFC) program must bill using the VA modifier. ☐

## Separate Medicare EOMB Required for Each Claim

**P**roviders must submit a separate Medicare EOMB with each claim form when billing the AHCCCS Administration for Medicare

coinsurance and deductible. If a provider submits multiple claims for a recipient but includes only one copy of the Medicare EOMB, the EOMB will be

attached to the claim with highest coinsurance and deductible amount. The other claims in the package will be denied for lack of a Medicare EOMB. ☐

## Coding Corner

**T**he AHCCCS Administration has made the following changes to its Reference subsystem:

### Provider type 10 (Podiatrist)

- Add 27682, 27640, and 27641 effective 01/01/2000

### Provider type 19 (RNP)

- Add 93015-93018

effective 10/01/1999

### Provider type 23 (HHA)

- Add Z3000 effective 10/01/1999
- Add K0531-K0534 effective 04/01/1999 ☐

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# Prescription Drug Update

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AHCCCS

December, 2000

## Introducing the RxAmerica Fee-For-Service Prescription Drug Program

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### GENERAL INFORMATION

Effective January 1, 2001, AHCCCS has selected RxAmerica to administer the Fee-for-Service portion of its prescription benefit plan for AHCCCS members. This does not affect the pharmacy networks maintained by AHCCCS health plans and program contractors.

Prescribers and pharmacies will find using the RxAmerica Program an easy and convenient way to provide prescription drugs for eligible Fee-for-Service AHCCCS members.

The following guidelines should answer many of the questions you may have regarding the transition. Additional information will be included in future *Claims Clues* editions.

### PRESCRIBER INFORMATION

#### ***What pharmacies are included in the RxAmerica pharmacy network?***

Prescriptions must be dispensed from network pharmacies. A sample of participating pharmacies is

listed here. However, due to space limitations all participating pharmacies are not listed.

- Albertsons Pharmacy
- Bashas' United Drugs
- Fry's Pharmacy
- K Mart Pharmacy
- Osco Drug
- Safeway Pharmacy
- Sav-on Drug Stores

For information regarding the pharmacy network, please contact RxAmerica at (800) 770-8014.

#### ***What changes might be expected regarding the drug formulary?***

Initially, there will be no changes to the medications routinely available for AHCCCS Fee-for-Service members. You will continue to prescribe as usual.

However, in the coming months, AHCCCS will implement a formulary for fee-for-service members. Before the formulary is phased in, you will receive notification in addition to a list of formulary drugs.

#### ***How are prior authorizations handled?***

The RxAmerica Clinical Department will review prior authorization requests. Additional information and instructions will follow.

### PHARMACY INFORMATION

#### ***How are AHCCCS members identified at the pharmacy?***

AHCCCS members will present their identification card with new or refill prescriptions to the network pharmacist.

RxAmerica switches claims through National Data Corporation and Envoy under BIN #610473.

For assistance with on-line claim submission, contact the RxAmerica Provider Help Desk at (800) 770-8014.

#### ***What if the AHCCCS member does not have an ID card in his or her possession?***

Submit the claim using the member's AHCCCS ID number and date of birth. Please contact the RxAmerica Help Desk for eligibility confirmation at (800) 770-8014.